

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045815

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 296

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10047

20047

3

4 0

5 1

6

7 0

8 2

9 148X

10

11

12 1-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED JAN 2 1963

1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MexicoLength of stay in 1b
yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION A udrain County Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY Audrain

c. CITY
OR TOWN Mexico,Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
523 S. AbatReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CHURCHILL

KENNAN

SIMS

4. DATE
OF DEATH

Month

Day

Year

December 23, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/18/1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Gasoline station Att'nd

10b. KIND OF BUSINESS OR INDUSTRY

Gasoline Station Mexico, Mo.

11. BIRTHPLACE (City and state or country)

U. S. A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

James W. Sims

13b. MOTHER'S MAIDEN NAME

Martha Humphreys

14. NAME OF HUSBAND OR WIFE

Allie S. Sims

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

yes World War I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Allie S. Sims, Mexico, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of liver

INTERVAL BETWEEN
ONSET AND DEATH

6 mo

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Primary cancer of throat

15 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Carcinoma of liver

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/8/57

to 12/23/62

and last saw him alive on 12/23/62

Death occurred at 4A

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William H. Green

22b. ADDRESS

112 N. Clark Mexico Mo.

22c. DATE SIGNED

12/24/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

12/26/1962

23c. NAME OF CEMETERY OR CREMATORY

East Lawn Memorial Park Mexico, Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Arnold Funeral Home - Mexico, Mo.

25. DATE RECD. BY LOCAL REG.

Dec 24-1962

26. REGISTRAR'S SIGNATURE

Blanche Neely

USE BLACK INK

OR

TYPEWRITER RIBBON
William H. Green

JAN 10 1963
JAN 7 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harrieth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Mexico, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.